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FROM: Frank C. Eisenschcnk, Ph.D.

DATE: February 20, 2004

NUMBER OF PAGES (INCLUDING COVER SHEET): 6

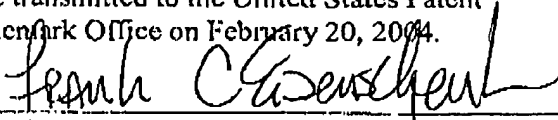
SUBJECT/MESSAGE:

Re: U.S. Patent Application Docket No. G-029US04DIV
Serial No. 10/072,159,490; filed February 5, 2002

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Frank C. Eisenschenk, Ph.D., Patent Attorney

REQUEST FOR CORRECTION OF
FILING RECEIPT

Examining Group 1656
Patent Application
Docket No. G-029US04DIV
Serial No. 10/072,159

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1656
Applicants : Bernard Bihain, Lydie Bougueleret, Frances Yeu-Potin
Serial No. : 10/072,159
Filed : February 5, 2002
Conf. No. : 2627
For : Lipoprotein-Regulating Medicaments

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTION OF FILING RECEIPT

Sir:

Applicants respectfully request the correction of an error in the Filing Receipt for the above-identified patent application. Please send a corrected Filing Receipt with the following change:

The Filing Receipt lists the Title of the application as:

LIPOPROTEIN-REGULATING MEDICANTS

The correct Title of the subject application is:


LIPOPROTEIN-REGULATING MEDICAMENTS

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Docket No. G-029US04DIV
Serial No. 10/072,159

A copy of the Filing Receipt containing the error is attached, along with a copy of the first page of the specification.

Respectfully submitted,



Frank C. Eisenschenk, Ph.D.

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Attachments: copy of Filing Receipt with error noted thereon; copy of first page of specification.

COPY Page 1 of 2



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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/072,159	02/05/2002	1656	1076	29.US4.DIV	7	14	7

CONFIRMATION NO. 2627

FILING RECEIPT



OC000000007843319

John Lucas, Ph.D., J.D.
GENSET CORP.
10665 Sorrento Valley Road
San Diego, CA 92121-1609

Date Mailed: 04/10/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Bernard Bihain, Carlsbad, CA;
Lydie Bougueleret, Patit Lancy, SWITZERLAND;
Frances Yen-Potin, San Diego, CA;

Assignment For Published Patent Application

GENSET, S.A., Paris, FRANCE;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A DIV OF 09/485,316 02/04/2000 PAT 6,344,441
WHICH IS A 371 OF PCT/IB98/01256 08/06/1998

Foreign Applications

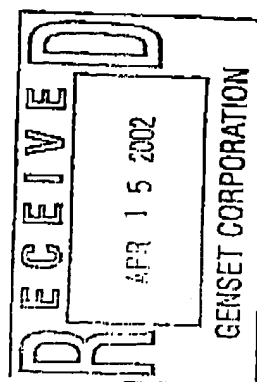
FRANCE 97 10088 08/06/1997
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If Required, Foreign Filing License Granted 04/10/2002

Projected Publication Date: 07/18/2002

Non-Publication Request: No

Early Publication Request: No



Title

Lipoprotein-regulating medicants *medicaments*

Preliminary Class

514

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15

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WO 99/07736

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LIPOPROTEIN-REGULATING MEDICAMENTS**Field of the Invention**

The present invention relates to medicaments that are useful for modulating lipoprotein levels *in vivo*. More particularly, the invention relates to medicaments that modify the activity of the Lipolysis Stimulated Receptor (LSR) and that can be used to influence the partitioning of dietary lipids between the liver and peripheral tissues, including adipose tissue.

Background of the Invention

Obesity is a public health problem which is both serious and widespread. One-third of the population in industrialized countries has an excess weight of at least 20% relative to the ideal weight. The phenomenon continues to worsen, particularly in regions of the globe where economies are modernizing. In the United States, the number of obese people has escalated from 25% at the end of the 70s to 33% at the beginning of the 90s.

Obesity considerably increases the risk of developing cardiovascular or metabolic diseases. It is estimated that if the entire population had an ideal weight, the risk of coronary insufficiency would decrease by 25% and that of cardiac insufficiency and of cerebral vascular accidents by 35%. Coronary insufficiency, atheromatous disease and cardiac insufficiency are at the forefront of the cardiovascular complications induced by obesity. For an excess weight greater than 30%, the incidence of coronary diseases is doubled in subjects under 50 years. Studies carried out for other diseases are equally eloquent. For an excess weight of 20%, the risk of high blood pressure is doubled. For an excess weight of 30%, the risk of developing a non-insulin-dependent diabetes is tripled. That of hyperlipidemias is multiplied six fold.

The list of diseases having onsets promoted by obesity is long: hyperuricemia (11.4% in obese subjects, against 3.4% in the general population), digestive pathologies, abnormalities in hepatic functions, and even certain cancers.

Whether the physiological changes in obesity are characterized by an increase in the number of adipose cells, or by an increase in the quantity of triglycerides stored in each adipose cell, or by both, this excess weight results mainly from an imbalance between the quantities of calories consumed and those of the calories used by the body. Studies on the causes of this imbalance have been in several directions. Some have focused on studying the mechanism of absorption of foods, and therefore the molecules which control food intake and the feeling of satiety. Other studies have characterized the pathways through which the body uses its calories.

The treatments for obesity which have been proposed are of four types. Food restriction is the most frequently used. The obese individuals are advised to change their dietary habits so as to consume fewer calories. This type of treatment is effective in the short-term. However, the recidivation rate is very high. The increase in calorie use through physical exercise is also proposed. This treatment is ineffective when applied alone, but it improves, however, weight-loss in subjects on a low-calorie diet. Gastrointestinal surgery, which reduces the absorption of the calories ingested, is effective but has been virtually abandoned because of the side effects which it causes. The medicinal approach uses either the anorexigenic action of molecules involved at the level of the central nervous system, or the effect of molecules which increase energy use by increasing the production of heat. The